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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	-
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Ві	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
29	PLIC	,

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TRANSMITTAL LETTER

	gistration Section vision of Corporations
SUBJECT	Pool and Spa Fix by Art Perry, LLC
	(Name of Limited Liability Company)
The enclose	d Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Arthur H Perry Jr
	(Name of Person)
	Pool and Spa Fix by Art Perry
	(Firm/Company)
229	W Norfolk Rd
	(Address)
	Jupiter, FL 33469
	(City/State and Zip Code)
For further	information concerning this matter, please call:
Art Perry	at (581) 746-1287
	(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pool and Spa Fix by Art Perry, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
29 W Norfolk Rd, Jupiter FL 33469	same
	red Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Register the name and the Florida street address of the	ne registered agent are:
	ne registered agent are:
The name and the Florida street address of the	ne registered agent are:
he name and the Florida street address of th Arthur H Perry Jr	me registered agent are:
The name and the Florida street address of the Arthur H Perry Jr Nar 229 W Norfolk Rd	me registered agent are:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member NONE (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Arthur H Perry Jr

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee